African Health Professions
Regulatory Collaborative for Nurses and Midwives

SWAZILAND TECHNICAL ASSISTANCE
Continuing Professional Development

Commonwealth Nurses Federation
The Commonwealth Nurses Federation was invited by the African Health Professions Regulatory Collaborative to provide technical assistance to the Swaziland Team in the development of a national continuing professional development program.

The African Health Professions Regulatory Collaborative (ARC) is a partnership between the Commonwealth Secretariat; the United States Centers for Disease Control and Prevention (CDC) under the US President’s Emergency Plan for AIDS Relief (PEPFAR); Emory University’s Lillian Carter Center for Global Health and Social Responsibility; and the East, Central and Southern Africa Health Community (ECSA-HC) which aims to improve health professional standards and practice in the region using local solutions and peer-based learning.

The first meeting of the African Health Profession Regulatory Collaborative (ARC) was held in Nairobi, Kenya Monday 28 February to Wednesday 2 March 2011 in collaboration with the Kenya Ministry of Health. All fourteen Commonwealth countries in the ECSA region were represented: Botswana, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. Following the meeting, all fourteen countries were invited to submit proposals for four available funding grants of US$10,000 to address a key regulatory issue in their country achievable within the grant period of twelve months. Ten countries subsequently submitted proposals and after a rigorous evaluation, five country proposals were accepted for funding: Lesotho, Malawi, Mauritius, Seychelles and Swaziland.

The purpose of the Swaziland project was to establish and sustain a national CPD model based on a needs assessment of practising nurses in Swaziland and other relevant stakeholders. The Swaziland Team consisted of the Registrar of the Swaziland Nursing Council, the Chief Nursing Officer, the President of the Swaziland Democratic Nurses Union, and a representative of the nursing education sector.

The initial assessment of learning needs and preferred teaching methods conducted by the Swaziland Team focused on maternal and child health as outlined in Millennium Development Goals 4 and 5 to improve maternal and infant morbidity and mortality. The assessment aimed to determine the gap between the existing skills, knowledge and abilities of nurse midwives and to provide vital information to educational planners in order to design curriculum according to identified needs.

The assessment used a descriptive exploratory design and a convenience sample of nurse midwives and nurse managers in hospitals, clinics, nursing schools and public health units across the four regions of the country. To collect the data a semi-structured, partly open-ended and partly closed-ended questionnaire was developed. Quantitative data was analysed using Microsoft Excel and descriptive statistics while qualitative data was analysed using themes and categories.

A total of 65 questionnaires were returned, with a response rate of 87% (84.8% female and 15.2% male). The sample comprised 46 nurse midwives and 19 managers. Age ranged from 20-60 years with the majority of respondents being 25-30 years (30.4%) and 36-40 years (30.4%). 58.7% of respondents held both a diploma in nursing and a diploma in midwifery; 30.4% had a degree in nursing; 6.5% only had a diploma in nursing (others = 4.3%).

23.9% of respondents reported they did not have access to CPD or in-service education while 76.1% had access. Those who had attended CPD reported to have attended from 1-5 sessions. 82% of respondents cited lack of resources as the major barrier to attending CPD or in-service education; while 50% cited inadequate provider expertise; 23% that they were unaware of the availability of CPD or in-service education; 21.9% that there were no policies on access to CPD or in-service education; 20% inadequate reimbursement to attend CPD or in-service education; and 8% lack of interest.
The five topics which scored the highest when participants were asked to name their priority areas for education and training were:

- Obstetric emergencies (67%)
- Danger signs of pregnancy (39.1%)
- Maternal and child health legal and ethical issues (39.1%)
- Assessment skills during pregnancy (32.6%)
- Prevention of maternal infection (28.3%).

Participants knowledge of maternal and child health ranged from 52% to 78% with four participants scoring less than 50%. The most preferred teaching methods were: group discussions (89%); formal lecture (84%); demonstration (74%); clinical on site teaching (68%); and case studies (52%). Self-paced approaches or modules were the least preferred as a teaching method (19.6%).

The task requested of the Commonwealth Nurses Federation (CNF) by the ARC was to guide the Swaziland Team in the development of a national continuing professional development program. Prior to the technical visit, a preparatory questionnaire was sent to the team for their initial response (see attachment 1). A four day program was developed by the Swaziland Team with three days being allocated for development of the national CPD program and one day being allocated for a CNF sponsored stakeholder consultation.

The Swaziland Team had five major objectives:
1. To develop a national CPD model,
2. To identify CPD needs,
3. To develop teaching modules; provide teaching and learning materials; and conduct training,
4. To develop CPD monitoring and evaluation tools, and
5. To develop a marketing and communication strategy.

The seventeen members of the Swaziland Team CPD Advisory Committee met with Ms Jill Iliffe, the CNF Consultant who acknowledged that objective 2, to identify CPD needs as they related to maternal and child health, had already been undertaken and that the model used could be applied to other areas of nursing. The CNF technical assistance would address objectives 1, 4 and 5. Ms Iliffe shared with the Swaziland CPD Advisory Committee members a short presentation giving an overview of CPD and CPD programs. Ms Iliffe suggested that the most effective way to develop a national CPD program was to examine models from other countries and from the literature and use those examples to develop a program that met the needs of nurses in Swaziland. The models chosen as examples were those from South Africa, Malawi, Australia, New Zealand and the United Kingdom as these were published national programs.

On Day 1 of the CPD model development, the Swaziland CPD Advisory Committee team members worked in small groups. Each element of a national CPD program was considered using examples from the country models above as well as information from the published literature. The groups then came together and consolidated their responses, engaging in further discussion and debate to arrive at a consensus position.

The elements of a national CPD program which were considered on Day 1 included: an introductory statement; a definition of CPD; the rational for implementing a national CPD program; the principles on which the program would be based; whether the program was to be voluntary or mandatory; what amount of CPD would be required on an annual basis; what activities would be accepted for recognition of CPD; and what documentation would be required and by whom. Committee members were amazed at the level of consensus when the groups shared their deliberations.
At the beginning of Day 2, Ms Iliffe shared with the Swaziland CPD Advisory Committee the work they had accomplished on Day 1 using a power point presentation. During the presentation, further clarification and refinement was undertaken. The Advisory Committee members continued to work in small groups on further elements in the CPD model, consolidating responses in the larger group before moving on to the next element in the program. Elements considered on Day 2 included: accreditation criteria for short course content and for experiential learning; monitoring compliance; and how the national CPD program would be evaluated. The Advisory Committee then, working in their small groups, undertook a stakeholder analysis exercise in preparation for developing a communication and marketing strategy.

On Day 3, Ms Iliffe went through the final draft of the national CPD program which Advisory Committee members had developed, using a power point presentation. Once again, further clarification and refinement of the program was undertaken (see attachment 2). Advisory Committee members then worked on the development of a comprehensive communication and marketing strategy targeting each of the stakeholders identified in the stakeholder analysis exercise and translating that strategy into a detailed action plan identifying people responsible for undertaking particular tasks and timelines in which tasks would be accomplished. Time was then spent preparing for the Stakeholder Consultation.
Fifty four senior nurses attended the stakeholder consultation on the draft national continuing professional development framework which was held at the Bethel Court Hotel, Ezulwini, Swaziland. The purpose of the stakeholder consultation was to provide an opportunity for senior nurses across Swaziland to be informed about the development of the national continuing professional development framework; to have input into the framework; and to become champions of the framework in the workplace. The stakeholder consultation was facilitated by the Commonwealth Nurses Federation (CNF) and funded by the Commonwealth Foundation. The stakeholder consultation was part of the CNF program to encourage nurses to be agents of change. The development of a national continuing professional development framework for nurses in Swaziland has the potential to significantly impact on the quality of nursing care being provided to the Swaziland population and raise the standard of nursing in Swaziland.

The stakeholder consultation was opened by the Director General of Health who expressed strong support for the development of a national CPD program for nurses in Swaziland and commended the Swaziland Team for their success in being awarded an ARC grant, their initiative and their hard work.

Ms Iliffe explained how important a step the stakeholder consultation was in the process of developing a national CPD program for Swaziland and confirmed the commitment of the CNF in supporting a national CPD program by funding the stakeholder consultation. The purpose of the stakeholder consultation was:

* For senior and experienced nurses to familiarise themselves with what the Nursing Council, the Chief Nurse, the professional association and the nursing educators were trying to achieve,
* To provide an opportunity for senior and experienced nurses to have input into refining the CPD model that has been developed,
* So that senior and experienced nurses could become champions of the program in their workplaces.

Ms Iliffe gave a presentation on nursing as a profession, explaining that one of the key criteria for a profession is that its members engage in CPD. Following the presentation, participants undertook an individual exercise to score nursing in Swaziland against the criteria of a profession. When the scores were averaged, participants had given Swaziland nursing a score of 57.6%.

Ms Nkosinathi Nkwanyana presented to participants the results of the assessment of learning needs and preferred teaching methods.
Ms Glory Msibi, Registrar of the Swaziland Nursing Council presented the draft national CPD model which had been developed by the Swaziland CPD Advisory Committee. Following the presentation, participants broke into small groups and examined the model in detail. The groups then gave feedback in a plenary session, seeking clarification of some issues and making suggestions for improvement. The overwhelming response to the model was positive.